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COUNTY BOROUGH OF WEST BROMWICH.



EDUCATION COMMITTEE.

ANNUAL REPORT

FOR THE YEAR 1928,

ON THE

MEDICAL INSPECTION

AND

TREATMENT OF SCHOOL CHILDREN

(21st OF THE SERIES).

West Bromwich,

June, 1929.

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ATTENDANCE AND MEDICAL SERVICES SUB-COMMITTEE.

The Mayor (Councillor S. Crump, J.P.)	Councillor Miss C. E. Hazel, J.P.
Mr. J. P. Millward, Chairman	„ T. Mercer
Alderman J. Bell, J.P.	„ E. Mynett
„ J. E. Cox, J.P.	„ H. H. Prince
„ J. A. Kenrick, J.P.	„ A. D. James
Councillor Mrs. Grace E. Cottrell, J.P.	Mrs. F. K. Parish, J.P.

Mr. J. Lawley.

Director of Education, ARTHUR LEWIS, B.A. (Barrister-at-Law).

STAFF OF SCHOOL MEDICAL DEPARTMENT.

School Medical Officer	...	...	W. Stott, M.B., B.S., D.P.H.
Deputy	„	„	... H. L. Oldershaw, M.B., B.S., D.P.H.
Assistant	„	„	... R. N. Curnow, M.B., B.S., D.P.H. (appointed 20th August, 1928).
Consulting Ophthalmic Surgeon			... Charles Rudd, M.B., Ch.B.
Dental Surgeon	...	...	... Mrs. E. R. Hadley, L.D.S. (Edin.)
School Nurses	...	...	Miss C. Twist Miss G. Williams
			„ A. Clegg „ M. W. Pole
			„ M. J. Bird „ S. A. Smith
			„ W. K. Brazier Mrs. L. A. Bryan
			„ L. A. Powell

Supervisors of Physical Instruction	...	Mr. Albert F. Probst
	...	Miss W. V. Steel
Masseuse (for Remedial Exercises)	...	Miss E. Fisher
Clerk	....	Mr. J. Poxon
„	...	Miss G. M. Lupton



*To the Chairman and Members of the Education
Committee.*

Mr. Chairman, Ladies and Gentlemen,

I beg to present you with the Annual Report on your School Medical Service for the year 1928.

In April the County Borough was enlarged by the incorporation of Hamstead and portion of Perry Barr, the school population being increased thereby and a further school and school clinic being added to your service.

The increase of work necessitated an increase of staff, and in August Dr. Curnow was appointed as Assistant Medical Officer devoting six-elevenths of his time to the school medical service. With this additional medical officer it has been possible to increase the amount of work done considerably, but we have been severely handicapped by the lack of clerical assistance, in fact, it has been impossible for the clerks to keep pace with the medical officers to such a degree that on several occasions they have been held up.

The medical staff is now sufficient to do the work, but only just sufficient. Any further developments of the service, or any increase in the amount of work to be undertaken will necessitate a further increase of staff both medical and nursing. Everyone is fully occupied to such a degree that absence of a nurse or doctor through illness or annual holiday throws a great strain on the service, and sometimes much to our regret and annoyance a portion of the work has to be curtailed as a consequence.

There are several matters which require the attention and consideration of the Committee before anything approaching a complete and satisfactory service is reached, namely :

1. Orthopædic Scheme ;
2. Special Open-Air School for debilitated children ;
3. Special School and classes for mentally defective and dull and backward children ;
4. Nursery schools.

Concerning some of the foregoing requirements, I have at various times reported upon to you, and have discussed some in detail in the present report.

The dental work during the year has been a little more satisfactory, but it is necessary for more treatment to be undertaken. Many children are found to require treatment at inspections, but not all are able to obtain it. Sixty-three

per cent. of those found to require treatment were treated during 1928, as against forty-four per cent. during 1927—a distinct improvement, but one which must be bettered. The Medical Branch of the Board of Education drew the attention of the Authority to the necessity of increasing the amount of treatment, and also of increasing slowly the inspections by adding a fresh age group year by year. This means that the number of children requiring treatment and re-treatment will increase year by year, and the point will be reached when one dental surgeon will be unable to keep pace with the work, and the authority will be faced with the necessity of appointing an assistant dental surgeon.

The worst feature in the whole report is the unsatisfactory state of cleanliness in the schools, and the serious wastage of nurses' time spent on head inspections when it should be an unnecessary and unheard of procedure. I have written further on this matter elsewhere in the Report, but would like to mention here that if conditions continue to be unsatisfactory it will be a wise thing for the Committee in conjunction with the Sanitary Committee to open the Cleansing Station to which children can be sent on similar lines to those adopted by the School Medical Service of the London County Council.

I would like to direct your special attention to the points I have raised under the heading of (1) Residential Special Schools; (2) Open-Air Schools; (3) Rheumatic Children; and (4) to the Supplementary Report on spontaneous activities of the Teachers by the Director of Education.

Finally I should like to express my appreciation of the goodwill shown to me by the Chairman and members of the School Medical Sub-Committee; the invaluable assistance given to me by the Director of Education and teachers throughout the town, and of the goodwill and high quality of the work of the assistant medical officers, dentist, nursing and clerical staffs.

I am, Ladies and Gentlemen,

Yours obediently,

W. STOTT,

School Medical Officer.

June, 1929.

SCHOOL MEDICAL SERVICE IN RELATION TO THE PUBLIC ELEMENTARY SCHOOLS.

List of Elementary Schools and Accommodation.

<i>Official</i> No.	<i>School.</i>	B	G.	M.	I.	Total
1	Beeches Road Council ...	351	422	—	315	1088
2	Black Lake Council ...	330	341	—	308	979
3	Bull Lane Council ...	—	—	—	270	270
3a	Cronehills Council ...	400	360	—	—	760
4	Golds Hill Council... ..	—	—	291	183	474
5	Greets Green Council ...	323	403	—	262	988
	„ „ Temporary	160	—	—	—	160
6	Guns Village Council ...	356	361	—	327	1044
7	Lodge Estate Council ...	435	435	—	350	1220
8	Lyng Council	400	307	—	265	972
11	Spon Lane Council ...	426	400	—	468	1294
15	Fisher Street Council ...	—	—	270	190	460
16	Hill Top Council	374	374	374	380	1502
2a	Bratt Street Council ...	—	—	470	161	631
20	St. Peter's Council ...	—	—	197	161	358
13	All Saints' Non-provided ...	360	280	—	300	940
14	Christ Church Non-provided	—	—	369	178	547
17	Holy Trinity Non-provided	—	—	319	146	465
19	St. Michael's R.C. Non-provided ...	—	—	112	—	112
25	St. Paul's Non-provided ...	—	—	225	120	345
		3915	3683	2627	4384	14609

Average number of Children on the Registers					1928
Upper Departments—Boys		...	...		5086
Girls		...	...		4928
Infants	...	...	...	...	3909
Total		...	...	...	13923

Percentage of attendance for the year :—

1928	...	...	...	...	93.1
1927	...	...	...	...	91.4
1926	...	...	...	...	92.5
1925	...	...	...	...	90.6
1924	...	...	...	...	92.6

Junior Evening Institutes for boys and girls were conducted during the winter sessions at Lodge Estate, Spon Lane and Hill Top Council Schools.

Practical classes in Cookery, Laundry, Woodwork, etc., have continued at the following centres :—

Cookery, etc.: Lodge Estate, Spon Lane, Hill Top, Cronehills, Hamstead St. Paul's Schools.

Woodwork, etc. :—

Black Lake, Spon Lane, Hill Top and Cronehills Schools.

CO-ORDINATION.

The School Medical Officer is responsible for the co-ordination of the School Medical Service with the other Health Services. This has been maintained on the lines indicated in the previous report.

SCHOOL HYGIENE.

As mentioned in my previous report the hygiene of many of the Schools is quite satisfactory, but in some schools the heating and ventilation should receive attention. Cloak-room accommodation is insufficient and unsatisfactory in some cases, and facilities for drying clothes in wet weather are necessary. The inadequate number of wash basins is a matter requiring attention. It is very desirable for shower-baths (hot and cold) to be installed in as many schools as possible as it is obvious that if cleanliness is to be instilled into the child mind—and this is very necessary in West Bromwich—practical demonstration will do far more towards attaining this in one week than a whole lifetime of talking.

MEDICAL INSPECTION.

The Medical Inspections, both Routine and Special, were carried out on the lines indicated in last year's Report, with the addition of special additional sessions at the Central Clinic for Ears and Rheumatic and Heart cases.

The numbers of elementary school children examined will be found in Table I of the Statistical Appendix.

FINDINGS AT ROUTINE MEDICAL INSPECTION.

ELEMENTARY SCHOOLS.

Out of the 4,503 children examined 1,133 had defects requiring treatment, in addition to those requiring to be kept under observation, excluding uncleanliness and dental diseases.

(a) Malnutrition.—51 cases were noted of whom 16 were marked down for treatment.

(b) Uncleanliness.—503 children (11.1 per cent.) were found to require treatment for verminous heads, and 92 children (2 per cent.) had unclean bodies.

The School nurses made 50,529 head inspections during the year.

(c) Minor Ailments.

		Requiring Treatment	For Observation
Skin diseases	...	120	8
Eye diseases	...	72	4
Ear diseases	...	106	14
Miscellaneous	...	51	79

Most of the children suffering from Skin diseases are first seen at the Clinic. As shown above, 120 cases were found at Routine Inspections to require treatment whilst 685 cases were treated at the School Clinics.

(d) Tonsils and Adenoids.—293 children were reported to require treatment for defects of Nose and Throat, and 159 required to be kept under observation.

(e) Enlarged Cervical Glands.—Of the 119 cases noted 11 only were entered for treatment.

(f) Tuberculosis.

Definite Pulmonary	...	...	1
Suspected Pulmonary	...	...	4
Non-Pulmonary	...	...	12

The number of children in the Borough ascertained to be suffering from Tuberculosis on 31st December, 1928, is as follows :—

	Boys	Girls	Total
Lungs	6	7	13
Glands	29	17	46
Bones and Joints	10	9	19
Other forms ...	2	5	7
	—	—	—
	47	38	85
	—	—	—

(g) Vision.—315 cases of defective vision and 61 cases of squint were discovered who required treatment, and 205 and 7 respectively to be kept under observation.

(h) Dental Defects.—370 children were referred for dental treatment from routine inspections, and 90 from special inspections. The School Dentist discovered 4,727 children who required treatment.

(i) Crippling Defects.—Six cases of Rickets, 15 of Spinal Curvature, and 23 other deformities were found, 23 cases requiring treatment and 21 for observation.

FOLLOWING UP AND CLEANLINESS SURVEYS.

When the parent was present at the School Medical Inspection the condition of the child and any necessary treatment was discussed with her ; if not, a note was sent to the home stating the defect found, the necessity for treatment, and the date on which a doctor could be consulted at the Central Clinic.

After a short interval a further invitation was sent from the Office to those cases who had not already attended at the Clinic, and in all cases where there was no response to the second invitation the home was visited by a nurse to ascertain what steps had been taken to obtain treatment and, where necessary, to impress upon the parent the need for treatment and the methods of obtaining it.

Periodical returns were submitted by the Attendance Officers of all cases of long absence from school through illness. These cases were investigated whenever it was thought advisable, and the patients own doctor consulted with excellent results.

I would like to express my appreciation and tender my thanks to the General Practitioners and Hospital Medical Staffs for the interest manifested in the work of the School

Medical Service, and for their kind co-operation. There has been an obvious desire for mutual assistance which has been extremely welcome and gratifying.

The number of visits paid by nurses during the year is as follows :—

To Schools	911
To Homes re sickness, etc. ...	1116
To Homes re uncleanness ...	715
	<hr/>
	2742

The number of examinations of children in schools for uncleanness by nurses was 50,529—1,333 individual children were found to be unclean, having either or both vermin and nits in the hair. This gives a percentage of 9.5 of unclean children in the schools.

Whilst there is an undoubted improvement in the cleanliness of the children as a whole, it will be seen that there are still many whose heads are infested with lice and nits, a state of affairs which should not be tolerated.

Considerable attention has been given to the matter by the School Medical Committee and the staff during the past year, and proceedings under the Education Act were taken against one defaulting parent. It is a scandal and a serious reproach to the parents of the present generation that nurses have to periodically inspect children's heads in school and spend a very large portion of their time looking for vermin and nits—things which should not, and would not exist at all if every mother would give the necessary care and attention to her children. It may probably be thought that the dirtiest children come from the worst slums and that these are places which give us the most trouble, but I can definitely state that this is not the case. Undoubtedly some of the slum mothers are “slummy” in every respect, but I have seen some of the cleanest children come from some of our poorest and most overcrowded homes, and some of our dirtiest and most neglected children from newly erected Corporation houses, fitted as they are with baths, hot and cold water supply, in fact, with every facility available for personal cleanliness.

There is no doubt that cleanliness surveys in schools do upset school routine for the time and are not very popular with some teachers, especially when children have to be excluded as the percentage of attendance is affected, which means lessening of grants, particularly is this so in the smaller schools. My own opinion is that a grant made on a percentage attendance basis is absolutely opposed to school

medical work, at all events it is most hampering. I feel strongly that some working arrangements should be made to modify somewhat the rules for calculating the percentage of attendance in order that the school medical work could be carried on without serious impediments. At the same time I would draw teachers' attention to the fact that it is up to them to assist in this important work of cleanliness both in theory and practice.

EXCEPTIONAL CHILDREN.

In Table III will be found particulars of ascertained defects of blind, deaf and dumb, tubercular, epileptic and crippled children.

My observations as to the treatment of these children will be found under the headings "Special Residential Schools," "Open Air Schools," and "Rheumatic Children."

INFECTIOUS DISEASES.

The following table shows the number of cases of infectious diseases in children of school age reported to me. As measles, whooping cough, chicken pox and mumps are not compulsorily notifiable the total number of cases is not known :—

Disease				Number of cases	Deaths
Scarlet Fever	...	...	...	34	1
Diphtheria	...	...	...	22	—
Tuberculosis—Pulmonary				8	1
Other forms				24	—
Pneumonia	...	...	...	19	8
Erysipelas	...	...	...	3	—
Measles	...	...	...	61	—
Whooping Cough	...	...	...	87	—
Chicken Pox	...	...	...	396	—
Mumps	...	...	...	207	—

The measures taken to prevent the spread of infectious diseases have been the same as detailed in last year's report.

BACTERIOLOGICAL EXAMINATIONS.

Seven hundred and forty-six throat swabs taken from school children were examined during the year.

SECONDARY SCHOOL.

The defects found at the inspection of the Municipal Secondary School pupils will be found in Table V on pages 37 and 38.

UNCLEANLINESS.

Verminous heads (unless Impetigo is present) are not treated at the Clinics. Special combs have been lent to parents with good results. (See remarks under Cleanliness Surveys.)

MEDICAL TREATMENT.

The Local Authority has provided facilities for the treatment of various minor ailments at :—

The Central Clinic,

Lombard Street West. Open daily.

Sub Clinics, Hill Top,	}	Open Monday,
Spon Lane,		Wednesday and
Great Bridge,		Friday afternoons.
and Hamstead,		Friday afternoon.

The following Special Clinics are held at the Central Clinic :—

(1) **General Clinic.** Tuesday and Friday afternoons, at which the following groups of cases are seen and examined and the necessary advice given :—

- (a) Cases found to require treatment or observation at Routine School Medical Inspection.
- (b) Cases referred by the School Nurses.
- (c) Cases referred by the School Teachers.
- (d) Cases referred by the School Attendance Officers.
- (e) Cases brought for advice by parents.

(2) **Ear Clinic.** Mondays at 10 a.m.

(3) **Ophthalmic Clinic.** Thursdays and Saturdays at 9.30 a.m., at which cases of defective vision and special eye diseases are dealt with.

(4) **Heart and Rheumatic Clinic.** Wednesdays at 10 a.m.

(5) **Remedial Exercises Clinic.** Monday and Friday afternoons and Wednesday mornings.

(6) **Dental Clinic.** Each morning of the week and Monday and Thursday afternoons.

Other arrangements are as follows :—

(1) **Operative Treatment for Diseases of Nose and Throat.**
West Bromwich and District Hospital, also Hallam Hospital.

- (2) **Orthopaedic Treatment.** Royal Cripples Hospital, Birmingham, and West Bromwich & District Hospital.
- (3) **X-Ray Treatment for Ringworm.** Dr. Black, 22 Newhall Street, Birmingham.
- (4) **Ultra Violet Light Treatment.** Health Department, Lodge Road.

Advice given to Parents.—In addition to the treatment of defects enumerated hereafter, advice was given to parents respecting 411 children examined at the Central Clinic which are not included in the statistical tables at the end of the Report.

Minor Ailments.

The number of cases treated for minor ailments was 1,733, and the number of attendances made by children was 27,226.

Tonsils and Adenoids.

Two hundred and sixty-eight children received treatment for defects of nose and throat, 170 of these had operative treatment for enlarged tonsils and adenoids. This is again an increase in the number of operations and a reduction in other forms of treatment compared with the preceding year.

As both Hallam and the District Hospitals have a visiting specialist it is unnecessary to send cases to the Birmingham Ear and Throat Hospital.

Vision.

Although it is gratifying to observe that there is an increasing interest shown in the work of correcting defects of vision there are still some parents who do not realise the evil results of eye strain. Some there are who regard defective vision as invariably hereditary, and if neither parent wears spectacles cannot understand why it should be necessary for the child. Others, whilst complying with the advice given, fail to appreciate its full value and importance.

On the appointment of Dr. Curnow in August, Dr. Rudd reverted to the former arrangement of paying 8 visits per annum as Consulting Ophthalmic Surgeon.

The number of children refracted was 247, and spectacles were prescribed for 228 children. There is no record of the number who obtained spectacles through the hospital or otherwise.

Ear Disease.

Two hundred and sixty-seven children were treated for ear defects of a varying nature during the year.

One hundred and seventy-eight attended the special Ear Clinic, held every Monday morning, for Otorrhœa or "running ears," and 102 or 57 per cent. were definitely cured. This percentage, whilst satisfactory, is not as high as that obtained by some school authorities, and is probably due to the fact that I have been extremely careful not to mark a case as cured unless the drumhead has been quite healed, or a perfectly dry perforation has been obtained; the mother's or child's statement that there has been no discharge is disregarded, the slightest sign of moisture on the drum indicating not cured and further treatment necessary.

Ionization has not been undertaken as I am of opinion that those cases which obtain a cure by this method will obtain a cure by antiseptic treatment; and further, because one can deal with many at one session by the latter mode of treatment, which is of importance when there is only a small staff to carry out the work.

Dental Defects.

Details of Dental Inspection and Treatment will be found in Table IV. There was a little alteration in the School Dentist's work as compared with previous years, one session per week less being devoted to inspections being replaced by a treatment session. This has enabled more children to receive treatment, which is all to the good. The number of individual children treated was 3,298 compared with 2,826 in 1927.

Crippling Defects and Orthopaedics.

Cases requiring treatment were referred to the Royal Cripples Hospital, Birmingham, or the West Bromwich and District Hospital. We had 90 children specially noted as orthopaedic cases at the end of the year.

The Orthopaedic Report, which I presented to you in the latter part of the year 1927, has been held in abeyance awaiting the introduction of the New Local Government Act. The full scheme of the work of the Health Services under the new Act has to be complete by the 27th September of the present year 1929, therefore it is necessary that the Authority commence to reconsider this important subject.

The following table shows the work done at the Remedial Exercises Clinic:—

Remedial Exercises Clinic.

Number of Sessions held	...	...	...	126
„ Attendances	...	...	...	2065
„ Children treated	...	...	...	63
(Boys 28, Girls 35.)				
Discharged, Cured or Improved	...	...	...	33
Left School	...	...	...	8
Left Town or District	...	...	...	5
Remaining on books, December, 1928	...	...	...	17

Defects Treated.

SPINAL.

Postural Curves	...	...	...	11
Torticollis	...	...	...	1
Tryphosis	...	...	...	3
			—	15
Mouth-breathers	...	...	...	39
(After operation 8.)				
Old Infantile Paralysis	...	...	...	3
Flat Foot and Talipes	...	...	...	4
Fractured Forearm	...	...	...	1
Sprained Ankle	...	...	...	1

Tuberculosis.

The treatment and observation of cases was undertaken at the Dispensary as hitherto. Cases sent to the Dispensary for examination and definitely diagnosed as non-tubercular are referred back to the Clinic for observation and periodical inspection.

On page 8 will be found a table showing the number of children of school age known to be suffering from Tuberculosis.

Mental Deficiency.

At the end of the year 116 children had been examined and classified as follows:—

	Feeble-	Dull or		
Imbeciles	minded	Backward	Normal	Total
14	40	58	4	116

Two children were re-examined, one being regraded from Feeble-minded to Imbecile, in the other case the classification remained unchanged.

In addition there are 3 cases who were dealt with by the Board of Guardians on the application of the parents, viz. :—
1 Epileptic-Idiot, 1 Idiot, and 1 Blind and of unsound mind.

The Committee still have under consideration my scheme for the complete ascertainment of mentally deficient children and the suggestions for the establishment of special schools and classes.

Physical Training.

No special arrangements have been made for collaboration between the Medical Officer and the Organisers of Physical Training. Head Teachers are notified of all cases where children should not be allowed to participate in physical exercises or take swimming owing to physical defects.

The Organisers of Physical Instruction report on Physical Education and Swimming in the Public Elementary Schools for the year 1928 as follows :—

Physical Training.

The adverse weather conditions during the winter months caused a curtailment of the out-of-door programme of physical training. A considerable amount of the work has been performed in classrooms, whilst admitting that indoor work is a poor substitute a certain amount of movement can be made: the indoor lesson should be regarded as a secondary and not a primary one. Crowded conditions tend somewhat to cramp the movements, however, good work is being done where the indoor lesson has been carefully planned and regularly taken. When and where ever possible the lesson should be taken out of doors, having due regard to varying conditions, i.e., children's clothing, footwear, playground surfaces, etc. The progression in the work has been forwarded considerably by the general all-round improvement of playground surfaces.

Where applicable a re-arrangement of timetables to prevent over-crowding of classes taking physical training has been made. A wider range of agility and general activity exercises has been made possible by these re-arrangements. This is an advance forward in the right direction, giving altogether a broader outlook and a greater choice of movements.

The usual annual refresher courses in Physical Training where held for both men and women teachers. It is satisfactory to record that the classes have been well attended.

The general standard of work throughout is very satisfactory, the teachers in the main realise the importance of good physical work in relation to other subjects.

Swimming.

The swimming season for the purpose of instruction to the Public Elementary Schools' scholars commenced on Monday, April 30th, concluding on Friday, July 20th. The

conditions governing the swimming scheme were revised, the main point being the strict requirement of a correct "Breast Stroke" method. It is a pleasure to say that the numbers learning to swim and the numbers gaining Section "B" certificates are good.

Teachers responsible for swimming classes have worked enthusiastically, many giving stimulating support by taking scholars to the Baths outside school hours. Owing to illness the swimming instruction has been in the hands of several deputies. The following have helped to take a successful swimming season :—

Boys' Instruction—

Mr. C. Lovesy, Attendance Officer.

Mr. T. Williams, Swimming Baths Attendant.

Mr. F. H. Rogers, Assistant Master, Guns Village Council School.

Girls' Instruction—

Mrs. Parker, Swimming Baths Instructress.

Mrs. Mason, Swimming Baths Instructress.

Under Section "A" (Learners' Section) 186 boys were taught to swim up to 1 length; girls swimming up to the same distance numbered 140.

The re-introduction of swimming certificates proved to be a great incentive, 147 boys and 87 girls gained swimming certificates under conditions governing the Section "B" tests (4 lengths). A number of scholars who were able to swim the distance but did not gain the required number of points for style, stroke and method, were not included in the award lists.

The final results of the swimming competitions were as follows :—

Boys' Section.—"Kenrick" Swimming Shield.

Greets Green Council School	1st
Hill Top Council School	... 2nd.
Lodge Estate Council School	... 3rd.

Girls' Section.—"Helen Caddick" Swimming Shield.

Lodge Estate Council School	... 1st.
Black Lake Council School	... 2nd.
Spon Lane Council School	... 3rd.

In conclusion we desire to record our appreciation of the valued co-operation of Head Teachers and Assistant Teachers in all phases of Physical Education.

WINIFRED V. STEEL,

ALBERT F. PROBST,

Organisers of Physical Education.

May 23rd, 1929.

PROVISION OF MEALS.

No meals were provided during the year to children attending School in the Borough. However, the Committee were called upon to re-imburse the City of Birmingham Education Authority for meals supplied to seven children attending school in their area who were resident in West Bromwich from 19th May to 15th December.

CO-OPERATION OF PARENTS.

It is quite apparent that there is an increasing appreciation of the efforts of the School Medical Service for the welfare of the children. On the whole the number of parents attending at Routine Inspections is quite satisfactory. Many mothers bring their children to the Central Clinic for examination if they suspect there is anything wrong when they are advised as to the treatment required.

CO-OPERATION OF TEACHERS.

I have again to express my thanks for the co-operation and assistance of the Head Teachers in the work of the School Medical Service. They have helped very materially, devoting much time and taking considerable pains to ensure that all children requiring examination or supervision were brought to my notice, and in supplying information with commendable promptitude relative to cases of infectious disease, contacts and suspected cases. All this valuable help I readily and gratefully acknowledge.

CO-OPERATION OF VOLUNTARY BODIES.

During the past year I have found Inspector Pine, of the N.S.P.C.C., a good deal of work to do, and he has complied with my many requests and suggestions in his usual urbane and effective manner. He has reinforced the work of my School Nurses just at that point where they were unable to proceed, bringing his experience and authority to bear at the right moment with excellent results. It gives me great pleasure to pay tribute to his very helpful work.

Our best thanks are also due to the Cinderella Club and the Poor Children's Welfare Society for another year's valuable work. The services rendered by these Societies calls for the admiration and praise of all who participate in the work of Elementary Education in this borough.

Health and Baby Week, 1928.—The staffs of the Health Department and School Medical Service, with the assistance of a Voluntary Committee, the Health and Cleanliness Council and other organisations prepared and held a Health and Baby Week in October. Selected children from the upper standards of the Elementary Schools visited the Town Hall to inspect the exhibits and were given lectures thereon.

CO-OPERATION OF ATTENDANCE OFFICERS.

Co-operation was continued on the lines indicated in last year's report, and the Attendance Officers rendered assistance in their usual able manner.

SPECIAL SCHOOLS.

There are no Special Schools belonging to the Authority.

Blind, Deaf, Defective and Epileptic Children.—The number of children boarded out at Special Schools belonging to other authorities during 1928 were as follows :—

Blind		Deaf and Dumb		M. D.	
Edgbaston		Edgbaston		Monyhull	
Boys	Girls	Boys	Girls	Boys	Girls
4	—	5	6	—	1

NURSERY SCHOOLS.

There are none in the area.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The following table shows the number of licences granted for street trading, registrations for employment out of school hours, etc. :—

1.—No. OF REGISTRATIONS.

(a) Newspapers and Milk Delivering ...	81
(b) Errands and Light Duties ...	37
(c) Entertainment Licences (Child Performers) ...	3
	121

2. STREET TRADERS.

No. of Licences ...	3
3. No. OF OFFENCES REPORTED ...	28
4. No. OF PROSECUTIONS ...	1
5. No. OF OFFENDERS INTERVIEWED ...	16
6. WARNING NOTICES, ETC. ...	11

RESIDENTIAL SPECIAL SCHOOLS.

The provision of residential special schools on open-air principles has become a very pressing matter. We require two in West Bromwich, one for Mental Defectives, and one for the more severe cases of "Delicacy," including Rheumatism and Heart Disease. At present there is a considerable number of children who are making very few attendances during the year owing to the fact that they are never fit for any lengthy period. The most urgent of these cases are undoubtedly those children suffering from organic heart disease, 45 of which we have discovered during the past 18 months.

Under the section "Open Air Schools," I have drawn your attention to the fact that during the past 18 months we have scheduled 124 children as "delicate" a large number of whom are not benefiting from the education provided owing to periods of long absence from school. These children are not ill enough to require hospital indoor treatment, neither are they well enough to be expected to mix and compete with other children of normal health and vigour; they require a sort of "half-way house" treatment, the solution being a residential school run on open-air principles where they can obtain both education and treatment when necessary. This type of school should be run on easy lines with no hard and fast rules—there should be no obstacles placed in the way of the transference of children to and from the Residential and Elementary Schools, in fact, the type of school I have in mind might be termed a "Convalescent-home-school."

During the next few months, while considering the new arrangements which will have to be made under the Local Government Act, 1928, the Authority will have the opportunity of obtaining the use of the necessary buildings for providing all the suggestions I have made above, and I sincerely trust that these opportunities will not be lost, as the need is great.

OPEN-AIR SCHOOLS.

In an industrial district of the nature of West Bromwich one finds large numbers of delicate children who would greatly benefit by being taught in the open air and sunshine when weather conditions permit. The orthodox open-air schools would undoubtedly be of little value in this district owing to the climatic conditions, but it would be well when re-conditioning old schools or building new schools to keep in mind the necessity of having them adapted so that full advantage could be taken of open-air conditions whenever possible. In the meantime, and until all schools are

of an “open-air nature,” it is very desirable to make the fullest use of playground classes, classes in parks and open spaces, during the summer months. This town is very fortunate in having many parks and suitable places where such classes could be held ; marquee tents could be erected in which children could go during rain showers, and for storage of tables, chairs, etc., at night. With such simple equipment many useful classes could be formed with undoubted benefit to the children’s health.

It will be seen from Table III of the exceptional children in the area, that at the end of last year there were 124 children included under the heading “Delicate Children.” These are more or less severe cases of delicacy, many of whom should be in a special residential school. There is no doubt that many more suffering from less serious conditions can be found, and who would do well in open-air classes during the warmer months of the year.

At the time of writing this Report it is pleasing to note that the new school, which is about to be built at Charlemont, has been designed in such a manner that full benefit can be obtained from fresh air and sunshine.

ULTRA VIOLET LIGHT CLINIC.

The work of this clinic increased greatly during the year, the children attending making a total attendance of 2,275, as compared with 1,264 the previous year. In order to meet the extra pressure of work it was found necessary to instal a second Mercury Vapour Lamp.

The following Tables indicate the diseases for which the cases attended, the result of treatment, and cases continuing treatment :—

				Cured	Much Im- proved	Im- proved	No im- prove- ment	Unsuit- able	Failed to attend
Otorrhœa	...	...	...	1	1	—	2	—	1
Corneal Ulceration	...	...	...	—	—	1	—	1	—
Debility	...	...	...	—	2	2	1	—	—
Chronic Sore (leg)	...	...	...	—	—	—	1	—	—
Bronchitis	...	...	...	—	—	3	2	—	—
Anæmia	...	...	...	1	—	2	1	—	—
Goitre	...	...	...	—	—	1	2	—	—
Cervical Glands (non-Tuber- culosis).	...	...	...	4	—	2	—	—	—
Catarrh	...	...	...	1	—	3	—	—	—
Early Rheumatism	...	...	...	—	—	4	—	—	—
Psoriasis	...	...	...	1	—	—	—	—	—
Impetigo of Scalp	...	...	...	1	—	—	—	—	—
				9	3	18	9	1	1

The following cases are continuing treatment :—

Abscesses	...	...	...	...	1
Cervical Glands (non-tuberculous)					9
Alopecia	...	...	...	...	5
Otorrhœa	...	...	...	...	2
Eczema	...	...	...	...	1
Pre-tuberculous	...	...	...	...	4
Anæmia	...	...	...	...	2
Catarrh	...	...	...	...	2
Debility	...	...	...	...	4
Goitre	...	...	...	...	2
Rheumatism	...	...	...	...	2
Retinitis	...	...	...	...	1
Corneal Ulceration		...	...		1
Total					36

MISCELLANEOUS.

Rheumatic Children.

In the last Annual Report I stated that 30 Rheumatic children had been discovered in the schools: During the year under review a special enquiry into this condition has been made and a special clinic held every Wednesday morning at the Central Clinic has been instituted for examination of all Rheumatic cases and suspected cases. This enquiry reveals that at present there are 120 children, 52 Males and 68 Females suffering from Rheumatism in the elementary schools, and I have grouped them as follows :—

	Males	Fe- males	Totals
1. Chorea	13	14	27
(Without heart lesions)	7	8	
(With heart lesions)	6	6	
2. Joint or Muscular Pains with attacks of intermittent pyrexia (fever) ...	24	36	60
3. Organic Heart Disease as a result of an attack of acute or sub-acute Rheumatism ; excluding Chorea	15	18	33

There are therefore 45 children known to be suffering from Organic Heart Disease as a direct result of Rheumatism.

Our enquiry is by no means complete, and I have therefore no wish to go deeply into the matter at the moment, but simply to draw your attention to one or two facts.

Firstly, that Rheumatism appears to be more prevalent amongst females than males.

Secondly, that 37 or 31 per cent. of the children suffered from enlarged and septic tonsils, 26 of whom underwent operation for removal. The removal of the septic tonsils, however, did not prevent the recurrence of the rheumatic pains nor the attacks of fever which usually accompany these attacks, although the time is really short to draw any conclusions.

Thirdly, that 35 or 29 per cent. of the cases ran a temperature more or less continually, and as a consequence spent the greater proportion of their time in and out of hospital and were rarely, if ever, in school.

Fourthly, that dampness in the homes does not appear to be a factor in the causation of Rheumatism. According to investigations carried out for me by the Chief Sanitary Inspector 69 per cent. of the homes of the Rheumatic children were classified as "dry."

Fifthly, that poverty plays little, if any, part in the causation. Undoubtedly there are many of our Rheumatic cases coming from poverty-stricken homes and who are not obtaining the best of nourishment; on the other hand, there are just as many, if not more cases amongst children who are well looked after and properly nourished.

Sixthly. Heredity seems to be an important factor, but I am not able at the moment to make a definite statement as our observations on this point are by no means completed.

Seventhly, some observers have remarked on the prevalence of vermin—fleas and lice—in connection with Rheumatic children; our observations do not confirm this; on the contrary our cases, with a few exceptions, are remarkably free from vermin; it therefore appears that these insects are not intermediate hosts of the Rheumatic organism.

Having drawn your attention to these few observations I now wish to direct your attention to another important matter. All these Rheumatic children on the whole make very poor attendance at school—29 per cent. practically never attend; already 45 of them have developed heart disease, of whom three at least have a very poor outlook and unless something is done the probability is that several more will go from bad to worse. It must be obvious to any layman that many of these children will stand a very poor chance on the present day labour market if they are to be left as they are, and this means heavy expenditure some day in the way of relief in one form or another. At the best their earning capacity will depend more on their

mental efforts as opposed to physical, but if they receive practically no education as at present, this must be denied them. My own opinion is that it will be far cheaper in the long run to spend money on them now, to educate them according to their physical condition, and place them in such a position that they will be able to earn a livelihood, and thus make them useful citizens independent of relief.

The only means I know of providing this education satisfactorily is in a special Residential School, which must be linked on the one hand with the Central School Clinic, and on the other, with a General Hospital. The General Hospital would provide the Rheumatic and Heart specialist who would also visit the Special School occasionally to give advice on any case requiring his skilled opinion. Moreover, the same specialist would also give his opinion on cases discovered at the Central School Clinic, and it would be on him that the responsibility would rest as to whether a child was fit or unfit to benefit by instruction in the ordinary elementary school or should be removed to a special school.

I feel that if some such definite scheme were brought into being much good would be done, and research on this important subject greatly facilitated. Regarding the latter it would possibly not be out of place if I were to remind the Authority that it is one of their duties to encourage research, although this fact is more often lost sight of than not by all but the most progressive authorities.

VITA GLASS EXPERIMENT AT GREETS GREEN SCHOOL.

In last year's report I gave a description of the experiment which was being carried out at Greet's Green Infants School by the Head Mistress, Miss Fisher, on the benefits derived from the use of Vita Glass in classrooms. The experiment was continued for a further 12 months, and I include in full Miss Fisher's own report of her findings :—

This is the second year's experiment, and owing to the brighter summer, gives more reliable as well as more satisfactory results than that of 1927.

In January 1928, 40 pairs of children were taken, and one of each pair was allocated to Vita Glass room, the other joining the class in the Control Room. Four children left during the year, so the statistics given concern 36 pairs of children.

At the end of six months, the Vita Glass children showed so marked a superiority in health, physique and attendance, that it was decided the classes should change rooms, the "A" class going to control, and the "B" class to Vita Glass for July to December period.

The result is most interesting. At the end of the full year the average increase in height and weight of the classes was exactly the same, but when in Vita Glass room the "A" class had gained .4 lb. more than the "B" class in Control, so that after their change "B" class in Vita Glass had to pull up a similar amount.

Similarly the attendance in "A" class from January to June was 7.8 per cent. higher than that of control, but from July to December the "B" class in Vita Glass room gradually gained ground until the whole six months showed a difference of only .2 per cent. ("B" 94 per cent., "A" 94.2 per cent.)

The actual figures are given below.

Attendance Percentages.

			Jan.	Feb.	Mar.	Apr.	May	June
Vita Glass Room	...	...	90.6	93.1	90.8	88.8	88.6	91.3
Control Room	...	...	83.5	75.9	85.6	89.9	78.2	85.5
			July	Aug.	Sept.	Oct.	Nov.	Dec.
Vita Glass Room	...	...	80.8	89.9	90.1	90.55	96.2	95.7
Control Room	...	...	84	95	86.5	90.56	95.4	95.1

Average Height and Weight.

			Jan.		June		Increase	
			ins.	lbs.	ins.	lbs.	ins.	lbs.
Vita Glass	...	...	41.7	40.6	42.6	41.8	.9	1.2
Control	...	...	41.5	40.6	42.4	41.4	.9	.8
			December				Increase	
			ins.	lbs.			ins.	lbs.
Vita Glass	...	...	44.0	44.3			1.6	2.9
Control	...	...	44.2	44.3			1.6	2.5

Total average increase in the year—a period of six months being spent in each room—2.5 inches, 3.7 lbs. in each class.

Superiority of Vita Glass over Control.—Vita Glass weight showed an increase of .4 lb. more than that of Control Room class, in each of the six months periods.

Intelligence.

Binet-Simon tests were again used, and children varying from IQ 107 to IQ 68 were included in the classes. No appreciable difference can be traced to Vita Glass influence, although a better attendance and better physical conditions must make for good where children are educable.

The experiments of 1927 and of 1928 go to prove that working in the Vita Glass Room has a beneficial effect on the physique of the children, on their feeling of well-being, and on the school attendance. It now remains to have the Control Room Vita glazed, so that any other factor affecting the "healthiness" or otherwise of the room may be discovered, and the superiority proved to be due to Vita glass.

(Signed) ANNIE FISHER.

January 11th, 1929.

SUPPLEMENTARY REPORT OF THE DIRECTOR OF EDUCATION.

SPONTANEOUS ACTIVITIES OF TEACHERS.

In response to the invitation of Dr. Stott, School Medical Officer, I gladly seize the opportunity of placing on record my appreciation of some commendable activities proceeding in our Schools, and undertaken spontaneously in many instances by Head Teachers and the members of their staffs, for the physical and social welfare of the pupils committed to their charge. Viewing their trusteeship as a high calling, in and out of school hours, teachers are ever zealous for the physical well-being of their pupils, and to chronicle their acts of zeal would be to write a report lengthy in itself. In no small degree the phenomenal percentage in average attendance of over ninety-three for the whole year can be attributed to these activities. Let me appraise briefly a few examples.

1. MAKING OF GARMENTS FOR SCHOOL AND HOME USE.

In many Girls' Schools there exist Needlework schemes which include cutting out and making garments of all kinds for school and home wear. These garments are bought by pupils at cost price on a weekly payment basis. How sensible, compared with years ago, to see girls in tunics and knickers for drill and netball games requiring free and easy movement. School blouses, caps, jerseys, badges, and other garments are also made; and in at least two Schools a cheaply made slipper has been devised in the Craft lesson, for indoor school wear, and for changing, especially in wet weather, and for drill and dancing. This is an experiment to be emulated. Instruction in Remodelling, Mending, Darning, Thrift Garments, all this has an important bearing on the provision of suitable, clean, and well-devised clothing for girls, on their general health, and their training towards homecraft and mothercraft.

The special Homecraft classes for girls in some schools deserve notice for their valuable influence on the training of adolescent girls.

2. FOOTWEAR.

The discerning eye of every observant visitor to our schools notices the generally good condition of the footwear of pupils, and this is a subject both for comment and commendation. The classic story of Achilles' heel has an application to the health of young children, for it is a truism that ailments find the vulnerability of children in damp or cold feet. Head teachers with the co-operation of the Attendance Officers keep in the closest touch with the Boot Fund of the Children's Welfare Society of the Borough, and themselves show a tangible interest in its beneficent work.

3. SUPPLY OF MILK OR HOT DRINKS.

From the standpoint of health the most laudable activity is the supply of pure milk or Horlick's milk, or hot drinks to children, especially in Infants' Schools. Most of the Schools supply, with the consent of parents, every morning at recess or before, for a modest weekly sum, pure milk or other drink to children requiring or needing the same. In innumerable cases of poor children the cost is provided from School funds. The effect of this on the health of children is inestimable. Often young children who are "under the weather" come to School without a good nourishing breakfast, either from lack of appetite or other reasons. It is a joy to watch the appetiteless child drink his milk heartily because his schoolmates do so.

The provision of hot drinks at midday for those who "stay dinner" has an important bearing on the health of children.

4. DAILY REST-PERIODS FOR FIVE-YEAR-OLDS.

In some Infants' Schools during afternoon sessions, a daily rest period has been provided for the five-year-olds, and the practice has had beneficial results, especially in overcoming the lassitude of young children which sometimes appears later in the afternoon when the relaxation period is missed.

5. TOILET PAPER.

The provision of toilet rolls with sanitary paper in each school has had an important effect in furthering the training of habits of personal hygiene. It is gratifying to note that the hygiene of the School and the outside offices has shown a vast improvement.

6. SCHOOL CLEANLINESS AND HYGIENE.

The system adopted a few years ago of appointing officers of the Committee to visit each department just before a school re-opens after a vacation to examine and report to the Director if the cleaning arrangements have been completed satisfactorily, ensures the systematic and periodic

overhauling of each school. Some of the Schools of the area are of an old type, but the vigilant supervision of Head Teachers supplementing the above system, helps to ensure that the schools of the area shall be as clean and hygienic as possible.

7. SCHOOL JOURNEYS AND CAMP.

The school journey of the Cronehills Central Girls' School to Tankerton-by-the-Sea, the Cadet Corps Camp for Secondary School boys in the Isle of Wight, the Secondary School Boys' Trip to the Winter Games at Chamonix, all these activities in addition to their educational value, shared by animated conversation and description in the common pool of school life, have an important bearing on the health and social outlook of the pupils enjoying these out-of-school facilities.

8. INTER-LEAGUE AND INTER-SCHOOL GAMES.

The matches and practice games played by schools, football for boys, and netball for girls, have an important bearing on the health of pupils, and the corporate life of our schools. The Borough has extensive and favourable facilities in playing fields, and the recent addition of a playing field in Stoney Lane has assisted the promotion of a Junior Schools' Football League.

The Higher Education Playing Field in Birmingham Road with its excellent pavilion, recently completed and other accessories, will enhance the games' facilities for pupils in the schools of Higher Education, and will have an important bearing on the future of schools and pupils.

9. TRAINING FOR RESPONSIBILITY.

The Playing Field has an immense influence on the expression and growth of a corporate life in schools. For years the Public and Secondary Schools of this country have had a prefect system promoting a method of self-government. There has existed also a house system stimulating a healthy rivalry, creating a body of school traditions with a high spirit, and sustaining a code of honour. Prefects are invested with the responsibility of leadership and control, and the character-training involved in this method of school discipline is of infinitely higher value than any formal character-training.

The Elementary Schools in this area have recently absorbed some of the best elements of the Prefect and House system, and adapted the system to meet the requirements of the primary school. This has promoted a healthy school spirit, and under its influence our schools have been revolutionised.

STATISTICAL TABLES.

TABLE I. RETURN OF MEDICAL INSPECTIONS.

A. ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections :—

Entrants	...	...	...	1361
Intermediates		...	...	1817
Leavers	...	...	...	1325
				—
TOTAL				... 4503
				—

Number of other Routine Inspections :—

Re-examination of Defects	...	—
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B. OTHER INSPECTIONS.

Number of Special Inspections	2995
Number of Re-inspections ...	3190
	<hr/>
TOTAL ...	6185
	<hr/>

TABLE II.

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION,
1928.

Defect or Disease	Routine Inspections						Specials	
	Entrants		Intermediates		Leavers			
	For Treatment	For Observation	For Treatment	For Observation	For Treatment	For Observation	For Treatment	For Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Malnutrition	4	17	10	12	2	6	12	1
Uncleanliness :—								
Head	108	4	220	1	83	—	95	2
Body	28	—	37	—	27	—	2	—
<i>Skin—</i>								
Ringworm—Head	—	—	—	—	—	—	10	—
Body	—	—	—	—	—	—	25	—
Scabies	2	—	2	—	—	—	13	—
Impetigo	26	—	32	—	13	—	294	—
Other Conditions	16	2	18	5	11	1	124	3
<i>Eyes—</i>								
Blepharitis	21	—	24	—	7	—	61	—
Conjunctivitis	5	—	4	—	2	—	139	—
Keratitis	—	—	—	—	—	—	3	—
Corneal Ulceration	2	—	3	—	1	—	10	—
„ Opacities	—	—	—	—	—	1	1	—
Defective Vision	10	4	141	147	164	54	37	2
Squint	22	1	27	1	12	5	3	—
Other conditions	—	1	2	—	1	1	10	2
<i>Ear—</i>								
Defective hearing	7	3	5	3	2	3	5	7
Otitis Media	24	—	28	1	13	1	154	—
Other Diseases	8	—	14	2	5	1	69	1
<i>Nose and Throat—</i>								
Enlarged Tonsils	26	16	28	27	19	12	97	8
Adenoids	3	14	10	7	2	3	15	6
Enl. Tonsils and Adenoids	70	33	91	30	33	17	221	5
Other conditions	3	—	6	5	2	3	70	9
<i>Enlarged Cervical Glands</i>	5	46	5	55	1	7	41	4
<i>Defective Speech</i>	—	2	1	3	3	8	—	3
<i>Teeth</i>	91	—	197	3	82	—	90	—
Carried forward	481	143	905	302	485	123	1601	53

TABLE II—continued.

Defect or Disease				Routine Inspections						Specials	
				Entrants		Intermediates		Leavers			
				For Treatment	For Observation	For Treatment	For Observation	For Treatment	For Observation	For Treatment	For Observation
(1)				(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Brought forward ...				481	143	905	302	485	123	1601	53
<i>Heart and Circulation—</i>											
Heart Disease—											
Organic	...	...	...	—	7	—	12	—	34	—	32
Functional	...	...	...	1	9	—	18	1	30	—	6
Anaemia	...	...	...	52	4	69	7	41	4	50	5
<i>Lungs—</i>											
Bronchitis	...	...	...	8	58	5	70	2	19	61	5
Other non T.B.	...	...	...	—	6	—	6	—	4	16	6
<i>Tuberculosis—</i>											
Pulmonary—											
Definite	...	...	...	—	—	—	—	1	—	1	—
Suspected	...	...	...	—	3	—	1	—	—	3	—
Non-Pulmonary Glands				1	—	3	2	1	1	10	—
Spine	...	...	...	1	—	—	1	—	—	1	—
Hip	...	...	...	—	—	—	—	—	—	2	—
Other bones	...	...	...	—	—	—	—	—	—	1	1
Skin	...	...	...	—	—	—	—	—	—	—	—
Other forms	...	...	...	—	—	1	1	—	—	3	—
<i>Nervous System—</i>											
Epilepsy	...	...	...	1	1	—	—	1	—	2	3
Chorea	...	...	...	—	1	1	1	—	—	14	1
Other conditions	...	...	...	2	1	—	2	—	—	7	9
<i>Deformities—</i>											
Rickets	...	...	...	—	1	1	1	—	3	4	1
Spinal Curvature	...	...	...	1	3	5	—	5	1	8	—
Other forms	...	...	...	5	2	3	7	3	3	28	5
M.D.	...	...	...	—	5	2	15	—	8	—	12
Other Conditions	...	...	...	9	15	14	22	28	42	533	57
Totals ...				562	259	1009	468	568	272	2345	196

TABLE II—*continued*.

B. Number of Individual Children found at Routine Medical Inspections to require treatment (excluding Uncleanliness and Dental Diseases).

Group (1)	Number of Children		Percentage of Children found to require treatment (4)
	Inspected (2)	Found to require treatment (3)	
Entrants	1361	299	21.9
Intermediates	1817	506	27.8
Leavers	1325	328	24.7
Total ...	4503	1133	25.1

TABLE III.

NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE
AREA.

			Boys	Girls	Total
Blind (including partially blind)	(1) Suitable for training in a School or Class for the totally Blind	Attending Certified Schools or Classes for the Blind ...	1	—	1
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution ...	—	—	—
	(2) Suitable for training in a School or Class for the partially Blind ...	Attending Certified Schools or Classes for the Blind ...	—	—	—
		Attending Public Elementary Schools	1	5	6
		At other Institutions	—	—	—
		At no School or Institution ...	—	—	—

TABLE III—*continued.*

			Boys	Girls	Total
Deaf (including deaf & dumb and partially deaf)	(1) Suitable for training in a School or Class for the totally Deaf and Dumb	Attending Certified Schools or Classes for the Deaf ...	5	6	11
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution ...	—	1	1
	(2) Suitable for training in a School or Class for the partially Deaf	Attending Certified Schools or Classes for the Deaf ...	—	—	—
		Attending Public Elementary Schools	5	7	12
		At other Institutions	—	—	—
		At no School or Institution ...	—	—	—
Mentally Defective	Feeble-minded (cases not notifiable to the Local Control Authy).	Attending Certified Schools for Mentally Defective Children	—	1	1
		Attending Public Elementary Schools	12	10	22
		At other Institutions	—	—	—
		At no School or Institution ...	—	2	2
	Notified to the Local Control Auth- ority during the year	Feeble-minded	—	1	1
		Imbeciles	1	4	5
		Idiots	—	—	—
Epileptics	(1) Suffering from severe Epilepsy	Attending Certified Special Schools for Epileptics ...	—	—	—
		At Institutions other than Cer- tified Special Schools ...	—	2	2
		Attending Public Elementary Schools	—	—	—
		At no School or Institution ...	—	1	1
	(2) Suffering from Epilepsy which is not severe	Attending Public Elementary Schools	5	10	15
		At no School or Institution ...	—	1	1

TABLE III.—*continued.*

			Boys	Girls	Total
Physically Defective	(1) Infectious Pulmonary and Glandular Tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or by the Board	—	—	—
		At other Institutions ...	—	—	—
		At Public Elementary Schools ...	—	—	—
		At no School or Institution ...	—	2	2
	(2) Non-Infectious but active Pulmonary and Glandular Tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	—	2	2
		At Certified Residential Open-Air Schools	—	—	—
		At Certified Day Open-Air Schools	—	—	—
		At Public Elementary Schools ...	31	18	49
		At other Institutions ...	—	1	1
		At no School or Institution ...	3	—	3
	(3) Delicate Children (<i>e.g.</i> , Pre or latent Tuberculosis, Malnutrition, Debility, Anæmia etc.)	At Certified Residential Open-Air Schools ...	—	—	—
		At Certified Day Open-Air Schools	—	—	—
		At Public Elementary Schools ...	70	54	124
		At other Institutions ...	—	—	—
		At no School or Institution	—	—	—
	(4) Active Non-Pulmonary Tuberculosis	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	4	1	5
		At Public Elementary Schools ...	6	6	12
		At other Institutions ...	1	4	5
		At no School or Institution ...	1	2	3
	(5) Crippled Children (other than those with active Tuberculous Disease), children suffering from Paralysis, etc., and including those with severe Heart Disease	At Certified Hospital Schools ...	—	—	—
		At Certified Residential Cripple Schools ...	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Public Elementary Schools ...	69	73	142
		At other Institutions ...	—	—	—
		At no School or Institution ...	3	1	4
	Rheumatic children with no apparent heart involvement ...		26	47	73

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1928.
TREATMENT TABLE.

GROUP I. Minor Ailments (excluding uncleanness).

Defect or Disease (1)	Number of Defects treated or under treatment during the year		
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
<i>Skin—</i>			
Ringworm—Scalp	10	—	10
„ Body	25	—	25
Scabies	14	—	14
Impetigo	451	2	453
Other Skins	185	11	196
<i>Minor Eye Defects—</i>			
External and other, but excluding cases falling in Group II	253	8	261
<i>Minor Ear Defects</i>	267	7	274
<i>Miscellaneous—</i> (Minor injuries, bruises, sores, chilblains, etc.)	528	23	551
Total	1733	51	1784

GROUP II. Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments, Group I).

Defect or Disease (1)	Number of Defects dealt with			
	Under the Authority's Scheme (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme (3)	Otherwise (4)	Total (5)
Errors of Refraction (including Squint). (Operations for Squint should be recorded separately in the body of the Report)	247	No record	No record	247
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	14	—	—	14
Total ...	261	—	—	261

TABLE IV.—*continued.*

Total number of children for whom Spectacles were prescribed :—

(a) Under the Authority's Scheme	...	...	...	...	228
(b) Otherwise	...	...	...	...	No record.

Total number of children who obtained or received Spectacles :—

(a) Under the Authority's Scheme	...	...	...	...	224
(b) Otherwise	...	...	...	...	No record.
New Frames, Repairs, etc.	...	...	...	...	38

GROUP III. TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.

Received Operative Treatment		Total (3)	Received other forms of treatment (4)	Total number treated (5)
Under the Authority's Scheme in Clinic or Hospital (1)	By private Practi- tioner or Hospital, apart from the Authority's Scheme (2)			
162	8	170	98	268

GROUP IV.—TREATMENT OF DENTAL DEFECTS.

(1) Number of Children who were :—

(a) Inspected by Dentist	Aged	
	5	1226
	6	1575
	7	1828
	8	1433
	9	1008
Routine Inspections	...	10 1176
	11	17
	12	11
	13	19
	14	—
	Total	8293
Specials	...	Nil

(b) Found to require Treatment—

Dentist's Routine Inspection	...	4727
Medical Officer's Routine Inspection		370
Specials	...	90

5187

(c) Actually treated ... 3298

(d) Re-treated during the year as the result of periodical examination ... 142

TABLE IV—*continued.*

(2)	Half-days devoted to—	Inspection	...	...	...	128	
		Treatment	...	...	...	332	
							460
(3)	Attendances made by children for treatment		...				3690
(4)	Fillings	Permanent Teeth	...	...	...	346	
		Temporary Teeth	...	...	...	654	
							1000
(5)	Extractions	Permanent Teeth	...	...	...	446	
		Temporary Teeth	...	...	...	4483	
							4929
(6)	Administrations of general anæsthetics for extractions						266
(7)	Other operations	...	...	...	...	...	642

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1)	Average number of visits per School made during the year by the School Nurses	...	...	...	...	...	...	4
(2)	Total number of examinations of children in the Schools by School Nurses	...	...	...	...	...	...	50529
(3)	Number of individual children found unclean	...	...	...	...	...	...	1333
(4)	Number of children cleaned under arrangements made by the Local Education Authority	...	...	...	...	...	...	111
(5)	Number of cases in which legal proceedings were taken :—							
	(a) Under the Education Act, 1921	...	...	...	...	...	...	—
	(b) Under School Attendance Bye-Laws...	...	...	...	...	...	...	1
	(c) Under the Children Act, 1908	...	...	...	...	...	...	1

MUNICIPAL SECONDARY SCHOOL,

TABLE V.

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION,
1928.

Defect or Disease	Routine Inspections			
	Boys		Girls	
	Requiring Treatment	For Observation	Requiring Treatment	For Observation
1	2	3	4	5
<i>Malnutrition</i>	—	—	—	—
<i>Uncleanliness</i> —Head	—	—	—	—
Body	—	—	—	—
<i>Skin</i> —				
Ringworm Head	—	—	—	—
Body	—	—	—	—
Scabies	—	—	—	—
Impetigo	1	—	—	—
Other conditions	3	2	1	2
<i>Eyes</i> —				
Blepharitis	1	—	1	—
Conjunctivitis	—	—	1	—
Corneal Ulceration	1	—	—	—
<i>Defective Vision</i> —				
6-9	—	—	—	—
6-12—6-24	25	14	13	6
6-36 or over	7	—	3	—
6-36 or over (both eyes)	—	1	1	—
Squint	1	—	—	—
<i>Ears</i> —				
Defective hearing	—	—	—	—
O.M.S.	1	—	2	—
Other diseases	—	—	—	—
<i>Nose and Throat</i> —				
Enlarged Tonsils	10	2	7	10
Adenoids	—	—	—	—
Enlarged Tonsils and Adenoids	3	1	1	1
Other conditions	—	1	—	—
<i>Enlarged Cervical and Submax Glands</i>	—	11	—	4
<i>Defective Speech</i>	—	—	—	—
<i>Teeth</i>	23	—	11	—
Carried forward ...	76	32	41	23

TABLE V.—*continued.*

Defect or Disease	Routine Inspections			
	Boys		Girls	
	Requiring Treatment	For Observation	Requiring Treatment	For Observation
(1)	(2)	(3)	(4)	(5)
Brought forward ...	76	32	41	23
<i>Heart and Circulation—</i>				
Heart—Organic	—	4	1	11
Functional	—	10	—	15
Anaemia	2	1	2	2
<i>Lungs—</i>				
Bronchitis	—	3	—	—
Other Non T.B. disease	1	—	—	4
<i>Tuberculosis—</i>				
Pulmonary—Definite	—	—	—	—
Suspected	—	—	—	—
Non-pulmonary—				
Glands	—	1	—	1
Spine	—	—	—	—
Hip	—	—	—	—
Other bones and Joints	—	1	—	—
Other	—	1	—	—
<i>Nervous System—</i>				
Sub-normal intelligence	—	—	—	—
Epilepsy	—	—	—	—
Chorea	—	—	—	—
Other disease	—	—	—	—
Signs of overstrain	—	—	—	1
<i>Deformities—</i>				
Rickets	—	1	—	—
Spinal Curvature	1	1	—	3
Other forms	1	7	—	2
<i>Other Diseases and Defects—</i>				
Goitre	1	1	2	5
Digestion	—	—	—	1
Constipation	—	—	1	—
Rheumatism	—	2	1	—
Other conditions	9	1	2	3
Total	91	66	50	71

Number of Individual Children Examined—Boys 257
Girls 208

465